



**FINANCIAL SERVICES AUTHORITY  
SAINT VINCENT & THE GRENADINES**

APPLICATION FOR THE APPROVAL OF THE APPOINTMENT OF  
AML/CFT COMPLIANCE AND/OR AML/CFT REPORTING OFFICER  
*(Complete in Duplicate)*

**SECTION 1 – SERVICE PROVIDER**

1. NAME OF SERVICE PROVIDER

.....

2. ADDRESS OF SERVICE PROVIDER

.....

.....

3. TYPE OF BUSINESS CONDUCTED *(Please tick all applicable boxes)*

- |                                     |                          |                         |                          |
|-------------------------------------|--------------------------|-------------------------|--------------------------|
| Assurance Business                  | <input type="checkbox"/> | International Banking   | <input type="checkbox"/> |
| Corporate Business/Service Provider | <input type="checkbox"/> | Credit Union            | <input type="checkbox"/> |
| Deposit Taking Business             | <input type="checkbox"/> | Insurance Company       | <input type="checkbox"/> |
| Investment Business                 | <input type="checkbox"/> | Insurance Manager       | <input type="checkbox"/> |
| Trust Business                      | <input type="checkbox"/> | Money Services Business | <input type="checkbox"/> |
| Other .....                         |                          |                         |                          |



**SECTION 3 - EDUCATION AND QUALIFICATIONS**

1. Provide details of academic and professional qualifications and date(s) obtained.

<b>ACADEMIC INSTITUTION ATTENDED</b>	<b>DIPLOMA/DEGREE/ PROFESSIONAL QUALIFICATION ATTAINED</b>	<b>YEAR COMPLETED</b>

2. Provide details of membership(s) in professional organizations or institutions.

<b>ORGANISATION/ ASSOCIATION</b>	<b>MEMBERSHIP STATUS</b> (e.g. Student, Associate, Fellow, etc.)	<b>MEMBER SINCE</b>	<b>MEMBERSHIP NUMBER</b> (if applicable)

**SECTION 4 - EMPLOYMENT DETAILS (please duplicate page for more than one employer)**

*Please indicate positions held during the last five (5) years, listing the most recent appointment first. Please use additional pages as necessary.*

1. NAME OF EMPLOYER

.....

Telephone: ..... Fax: ..... Email: .....

2. NAME OF CONTACT PERSON

.....

3. ADDRESS OF EMPLOYER

.....

4. PERIOD OF EMPLOYMENT: From: ..... To: .....

5. NATURE OF BUSINESS

.....

.....

6. POSITION(S) HELD

.....

7. RESPONSIBILITIES

.....

.....

8. NAME OF REGULATORS (if any)

.....

9. REASON FOR LEAVING EMPLOYMENT:  Resignation  Expiration of Contract

Redundancy  Retirement  Termination/Dismissal  Other.....

.....

(please specify)

**SECTION 5 - FITNESS AND PROPRIETY**

*This section should be completed by placing a circle around the appropriate answer. Please list any incident or action in any jurisdiction, with the exception of minor traffic offences. Please note that no time restriction applies to the matters you are asked to disclose. If the answer to any of the following questions is "YES", please provide full details on a separate sheet. This section should be completed by or on the behalf of the proposed Compliance/Reporting Officer.*

- 1. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal, civil, military offence or violation for any reason whatsoever, regardless of the result of the event, in any country? (Except MINOR traffic offences)

**YES                      NO**

If "yes" give details. List all cases without exception. Please use additional pages as necessary.

Date of Arrest or Detention, etc. ....  
Age.....  
Charge .....  
Location .....  
Result .....

- 2. Do you have any criminal or civil charges pending?

**YES                      NO**

- 3. Has any disciplinary, enforcement, disqualification or similar proceeding been taken against you by any professional body, regulatory body or association or are any such proceedings pending?

**YES                      NO**

If "yes", name the regulatory or professional body or association and details of the action taken:

.....

- 4. Have you ever been required to give evidence in any trial or proceedings involving fraud, dishonesty or similar matters, other than as an expected witness?

**YES                      NO**

If "yes", give particulars:

.....

- 5. Have you been found guilty of conducting any unauthorized regulated activities or been investigated for possible conduct of unauthorized regulated activities?

**YES                      NO**

6. Have you been the subject of any regulatory investigation or is any such investigation pending?  
**YES**                      **NO**
7. Has any application for your regulatory approval ever been refused?  
**YES**                      **NO**
8. Have you ever been obstructive, misleading or untruthful in dealing with a court, tribunal, official inquiry, regulatory or professional body?  
**YES**                      **NO**
9. Have you been subject of any bankruptcy proceedings or filed for bankruptcy, entered into a compromise agreement or other similar arrangement with your creditors or had receiver appointed in respect of any property?  
**YES**                      **NO**
10. Have you at any time failed to satisfy any personal or business-related debts?  
**YES**                      **NO**
11. Have you been the subject of an investigation into allegations of misconduct or malpractice in connection with any business activity?  
**YES**                      **NO**
12. Have you ever been expelled or excluded from, or refused admission to, a professional body?  
**YES**                      **NO**
13. Have you been refused, restricted in, or had suspended, the right to carry on trade, business or profession for which a specific license, authorization, registration, membership or other permission is required?  
**YES**                      **NO**
14. Have you ever been asked to resign, or been dismissed from any fiduciary office or other position of trust or employment?  
**YES**                      **NO**
15. Are you aware of any matter relating to your character, reputation or financial position that the FSA may regard as relevant in considering this application?  
**YES**                      **NO**
16. Has any business with which you have been associated as a shareholder, director, senior officer or other officer ever entered a formal insolvency process or ceased trading whilst insolvent, while you were associated with it or within one year after your association ceased?  
**YES**                      **NO**

**SECTION 6 - RELATIONSHIP WITH PROPOSED REGULATED PERSON**

*This section should be completed by the service provider.*

1. Will the proposed Compliance/Reporting Officer be employed under a full-time contract of employment?

**YES**                      **NO**

2. If the answer to 1 above is “no” provide details of employment with service provider.

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3. Will the proposed Compliance Officer also serve as the regulated entity’s Reporting Officer?

**YES**                      **NO**

If “no” what is the name of the Reporting Officer? .....

4. What other positions or offices (if any) does or will the proposed Compliance/Reporting Officer hold with the service provider?

.....

5. Does the service provider deem that there is sufficient independence for the Compliance/Reporting Officer to perform his/her role objectively?

**YES**                      **NO**

6. Does the proposed Compliance/Reporting Officer hold any shares in, or have any interest, legal or equitable, direct or indirect, in the service provider?

**YES**                      **NO**

If the answer to 6 above is “yes” provide details of shareholding or other interest.

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7. Is the proposed Compliance/Reporting Officer able, directly, to exercise more than 10% of the voting power of the regulated entity?

**YES**                      **NO**

If answer to 7 above is “yes” provide details.

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8. Provide an organizational chart which includes the proposed Compliance/Reporting Officer's position.



**SECTION 7 - DECLARATIONS**

*The following declaration should be completed where applicable by the regulated entity/service provider or the proposed AML/CFT Compliance &/ AML/CFT Reporting Officer in relation to the information provided in sections 1 and 5.*

The information provided in sections 1 and 5 is, to the best of our knowledge and belief, complete and true. There are no other facts or matters relevant to this application of which the Financial Services Authority ('the FSA') should be aware. We undertake to inform the FSA forthwith, of any material changes to the information supplied on this application form.

Signed on behalf of the applying regulated entity/service provider:

Name of Authorized Signatory.....

Position.....

Signature: ..... Date: .....

*The following declaration should be completed by the proposed Compliance/Reporting officer in relation to the information provided in sections 2, 3, 4 and 5.*

I certify that the information provided in sections 2, 3, 4 and 5, is to the best of my knowledge and belief, complete and true and there are no other facts or matters relevant to this application of which the FSA should be aware. I undertake to inform the FSA, forthwith, of material changes to the information supplied on this application.

Name of proposed AML/CFT Compliance &/AML/CFT Reporting Officer:

.....

Signature: ..... Date.....

**AUTHORISATION TO SEEK ADDITIONAL INFORMATION**

I hereby authorize the FSA to contact all relevant authorities and authorize said authorities to provide you with whatever information you may request.

Name of proposed AML/CFT Compliance &/ AML/CFT Reporting Officer:

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Signature: ..... Date.....

Please forward to: **The Financial Services Authority**  
**2nd Floor, Reigate Building**  
**P.O. Box 356, Kingstown**  
**St. Vincent & the Grenadines**

**Attachments Required:**

- (i) Proof of Identity (a certified/notarised copy)
- (ii) Curriculum Vitae
- (iii) Proof of Academic and/or Professional Qualifications (a certified copy/copies)
- (iv) Bank Reference
- (v) Two Character References
- (vi) Proof of Employment (*stating length of service, position*)
- (vii) Recent Police record/s

**SECTION 8 – For Internal Purposes**

**COMMENTS/REMARKS:**

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**REVIEWED AND RECOMMENDED BY** (1) .....

(2) .....

**COMMENTS/REMARKS**

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**REVIEWED AND APPROVED BY** (1) .....

(2) .....